Name in Full: Isaac Augusta

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CERTIFICATE OF DEATH

MARYLAND

Died at: Easton (Town) — Talbot (County)

Date of death: 1904 — Month: May — Day: 24

Age: Years: 69 — Months: 9 — Days: —

Sex: Male

Color or Race: Black

Birthplace: Talbot Co

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed: Widower

Name of Wife or Husband: Clara Hobbs

Father's Name: Isaac Augusta

Father's Birthplace: Talbot Co

Mother's Maiden Name: Phyllis Chandler

Mother's Birthplace: Talbot Co

Name of person giving Imformation: Isaac Augusta

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abnormity

How long: 6 mos

Immediate: Uraemia

How long: 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. B. Merrill

Address: Easton

Accident or Suicide?

PHYSICIAN OR CORONER

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LIBRARY BUREAU A88910

Name in Full: Susan A. Beckwith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: 1904; Month: May; Day: 8; Age: Years 68; Months 4; Days 13

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death: X

Married, Single or Widowed: Married; Name of Wife or Husband: John W. Beckwith

Father's Name: Charles Caulk; Father's Birthplace: Md

Mother's Maiden Name: Mary Leonard; Mother's Birthplace: Md

Name of person giving Information: John W. Beckwith; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe & Bronchitis; How long: 7 months

Immediate: Exhaustion; How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. K. Tippe

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard Ronald Brooks — Mar B 19

CERTIFICATE OF DEATH

MARYLAND

Died at: Williamsburg (Town) — Talbot (County)

Date of death: 1904 — Month: May — Day: 15 — Age: Years — Months: 4 — Days: 22

Sex: Male — Color or Race: Black — Birthplace: Talbot Co. Md

Occupation: ~ — Where Residing if not at place of death: ~

Married, Single or Widowed: ~ — Name of Wife or Husband: ~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alfred Brooks — Father's Birthplace: Talbot Co

Mother's Maiden Name: Martha Dobson — Mother's Birthplace: Talbot Co

93

Name of person giving information: A. Brooks — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflamation of Lungs + Pleura — How long: 3 months

Immediate: Heart Failure — How long: 4 18 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas Thomas

Address: Easton

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Infant child of Chas Collins

CERTIFICATE OF DEATH

MARYLAND

Died at: near Easton | Town | Talbot | County

Date of death: 1904 | Month: May | Day: 3 | Age: Years — | Months — | Days 10

Sex: Male | Color or Race: White | Birthplace: near Easton

Occupation: — | Where Residing if not at place of death: near Easton

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: C Chas Collins | Father's Birthplace: —

Mother's Maiden Name: Mary A. Collins | Mother's Birthplace: —

Name of person giving Imformation: Brother | How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: No Doctor | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above?

~~Signature of Physician~~ T. Clark Mason

Address: Easton

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Isaac Cuff

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) New Chapel (County) Talbot

Date of death 1900 — Month: May — Day: 24 — Age: Years about 75 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Talbot Co.

Occupation: Farmer — Where Residing if not at place of death: New Chapel

Married, ~~Single, or Widowed~~ — Name of Wife ~~or Husband~~

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: John Emory — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age — How long: 2 years

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Dan Patchett Undertaker

Accident or Suicide?

LIBRARY BUREAU A88815

26 mm Ø

Name in Full: John R Dennis

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Near Easton — County: Talbot —

Date of death: 1904 Month: May Day: 6 Age: Years 77 Months ? Days ?

Sex: Male Color or Race: Negro Birthplace: Maryland

Occupation: Farming Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband:

Father's Name: ? Father's Birthplace: ?

Mother's Maiden Name: ? Mother's Birthplace: ?

Name of person giving Imformation: 66 How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemaplegia How long: 4 days

Immediate: Exhaustion How long: Few hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Daidson

Address: Easton Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Julia Elizabeth Engerman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: — County: Talbot

Date of death	Month	Day	Years	Months	Days
1904	May	22	Age 69	10	

Sex: Female | Color or Race: German | Birthplace: Germany

Occupation: Housewife | Where Residing if not at place of death: —

Married, Single or Widowed: Widowed | Name ~~Husband~~ Husband: John R. Engerman

Father's Name: — | Father's Birthplace:

Mother's Maiden Name: — | Mother's Birthplace:

Name of person giving Imformation: Mrs A. Hemmick 74 | How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism | How long: 2 years

Immediate: Exhaustion from Multiple Neuritis | How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: Julius A. Johnson

Address: East Md

Accident or Suicide?

LIBRARY BUREAU A69816

Name in Full: Mrs. Mary Fountain

CERTIFICATE OF DEATH

MARYLAND

Died at: Matthews (Town) — Talbot (County)

Date of death: 1904 — Month: May — Day: 6 — Age: Years 78 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: Housework — Where Residing if not at place of death

Married, Single or Widowed — ~~Name of Wife or~~ Husband: John C. Fountain

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Green — Father's Birthplace: Queens Ann Co

Mother's Maiden Name: Rebecca Green — Mother's Birthplace: " "

Name of person giving Information: Mrs. Wm H Bradbury — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease & Paralysis — How long: Heart disease 10yr Paralysis 6 weeks

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A Johnson

Address: Easton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

8 Hillborough St

Name in Full: Mary Amanda Grace

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Easton — County: Talbot

Date of death 1904 — Month: May — Day: 27 — Age — Years: 69 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Domestic — Where Residing if not at place of death: ×

Married, Single or Widowed: Married — Name of Wife or Husband: William Grace

Father's Name: David Hoxter — Father's Birthplace: Md

Mother's Maiden Name: Rebecca Lowder — Mother's Birthplace: Md

Name of person giving Imformation: William Grace — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: five months

Immediate: Exhaustion — How long: a few weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Dixfie

Address: Easton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A8B316

Name in Full: Mary Elizabeth Gray.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford — County: Talbot

Date of death: Month: May — Day: 18 — Years: Age 36 — Months: 3 — Days: 5

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Oxford.

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Elizabeth Rakes

Father's Name: Peter Rakes — Father's Birthplace: Maryland

Mother's Maiden Name: Rebecca Rakes — Mother's Birthplace: Maryland

Name of person giving Information: Horace Gray — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La grippe — How long: Twenty Months

Immediate: Consumption — How long: Six Months.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. P. Roberts

Address: Oxford Maryland.

Accident or Suicide?

LIBRARY BUREAU A8881S

Name in Full: William H. Hambleton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St. Michaels — County: Talbot

Date of death 1904 — Month: May — Day: 18 — Age — Years: 18 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: St. Michaels Md

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: —

Father's Name: William H Hambleton — Father's Birthplace: St. Michaels Md

Mother's Maiden Name: Charlotte E. Fairbank — Mother's Birthplace: St. Michaels Md

Name of person giving Information: Chas. Hambleton — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epilepsy — How long: 10 yrs

Immediate: Valvular Heart Disease — How long: 1 yr.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A B Glascock

Address: St. Michaels Md

Accident or Suicide? —

LIBRARY BUREAU A2331

Name in Full: Amanda Ellen Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Trappe — County: Talbot

Date of death 1904 — Month: Jan. — Day: 2 — Age: Years 68 — Months — — Days —

Sex: Female — Color or Race: Negro. — Birthplace: Talbot Co, Md

Married, Single or Widowed: Single — Occupation: Seamstress

Name of Wife or Husband: —

Father's Name: Capt. Levin Smith — Father's Birthplace: —

Mother's Maiden Name: Maria Harris — Mother's Birthplace: —

Name of person giving information: Martha Harris — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Regurgitation — How long: 18 months.

Immediate: Heart failure — How long: 5 min

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident or Suicide?

LIBRARY BUREAU A99519

Name in Full: Daniel Haddaway Hanson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pitman — County: Talbott

Date of death 1904: Month: May — Day: 19 — Age: Years: 50 — Months: — — Days: 2

Sex: Male — Color or Race: Black — Birthplace: Talbott Co

Married, ~~Single or Widowed~~: Yes — Occupation: Laborer

Name of ~~Wife or Husband~~: Annie M. Hanson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Annie M. Hanson — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 6 Mos.

Immediate: (2nd Stroke) — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. E. Wilson

Address: Pitman Md

Accident or Suicide?

LIBRARY BUREAU A6661B

Name in Full: Thomas H. Jenkins — 24

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Easton — (County): Talbot

Date of death: 1904 — Month: May — Day: 20

Age — Years: 45 — Months: 0 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Easton Md

Occupation: Druggist — Where Residing if not at place of death: Easton Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Elizebeth A. Causey

Father's Name: Dr. Edw. Jenkins — Father's Birthplace: Easton Md

Mother's Maiden Name: Elizebeth Dawson — Mother's Birthplace: Easton Md.

Name of person giving Imformation: Mrs. T. H. Jenkins — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Nephritis — How long: since Jan 27th 1904

Immediate: Exhaustion — How long: few hours

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. T. Davidson

Address: Easton Md.

Accident or Suicide?

LIBRARY BUREAU A83010

Name in Full: Peter Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mount Hill — (County): Talbot —

Date of death: 1904 — Month: May — Day: 7th — Age: Years 78 — Months 6 — Days —

Sex: Male — Color or Race: Colored — Birthplace: Talbot - Co

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife ~~or Husband~~: Sarah Ann Gibson

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Henry J Johnson — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Pneumonia — How long: 10 days

Immediate: Heart - failure — How long: 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Mary Francis Kinnamon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Michaels; County: Talbot

Date of death 1904: Month: May; Day: 13

Age: Years: 59; Months: 4; Days: 18

Sex: Female

Color or Race: White

Birthplace: Talbot Co.

Occupation: House Wife

Where Residing if not at place of death: St. Michaels, Md.

Married, Single or Widowed: Widowed

Name of Wife or Husband: Wm. A. Kinnamon

Father's Name: Jas. Harris

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: George B. Taylor

How related to deceased: Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthenia following Heart trouble

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. B. Seth

Address: St. Michaels

Md.

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Maggie A. Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Wittman — (County): Talbot

Date of death 1904: Month: May — Day: 17 — Age: Years: 30 — Months: 2 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House wife — Where Residing if not at place of death: Wittman Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Arthur Marshall

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Arthur Marshall — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: about 1½ years

Immediate: Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. B. Seth

Address: St. Michaels Md

Accident or Suicide? no

LIBRARY BUREAU A89916

Name in Full: Shadrick Bennett Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Trappe County: Talbot

Date of death 1904: Month 5 Day 6 Age: Years 67 Months 4 Days 16

Sex: Male Color or Race: White Birthplace: Dorchester Co, Md.

Married, Single or Widowed: Married. Occupation: Farmer

Name of Wife or Husband: Annie Eliza Fairbank

Father's Name: Zebulon Mitchell Father's Birthplace: Dorchester Co. Md

Mother's Maiden Name: Casandra Bennett Mother's Birthplace: " " "

Name of person giving In formation: Annie E. Mitchell How related to deceased: Widow

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Right Lobar Pneumonia How long 11 days -

Immediate: Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross MD

Address: Trappe Talbot Co. Md

~~Accident or Suicide~~?

LIBRARY BUREAU A89516

Name in Full —

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Queen Anne — County: Prince Georges

Date of death 1904	Month	Day	Years	Months	Days
	May	14	Age —	—	

Sex: Female — Color or Race: Black — Birth-place: Near Queen Anne

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband:

Father's Name: George Montgomery S. — Father's Birthplace: Md

Mother's Maiden Name: Lizzie Beanham — Mother's Birthplace: Md.

Name of person giving In formation: George Montgomery — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Miller

Address: Hillsboro Md

Accident or Suicide:

LIBRARY BUREAU A89316

Name in Full: John Westley Murry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death: 1904 — Month: May — Day: 25 — Age: Years: 60? — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Caroline Co. Md.

Occupation: Farm Work — Where Residing if not at place of death: Easton Md

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: ~~Wife~~ Sally Murry

Father's Name: Wilson Murry — Father's Birthplace: Caroline Co Md

Mother's Maiden Name: Rodie — ? — Mother's Birthplace: " " "

Name of person giving Imformation: Sally Murry — How related to deceased: Wife

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Progressive Locomotor Ataxia — How long: 2 yrs

Immediate: Hemorrhage in the Brain — How long: Few hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. F. Davidson

Address: Easton, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A89018

Name in Full: Thomas. Pennington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Longwood — County: Talbot

Date of death 190 4 — Month: May — Day: 20 — Age — Years: 85 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Longwood

Married, Single or Widowed: Widower — Occupation: Farm Hand

Name of Wife or Husband:

Father's Name: Pennington — Father's Birthplace: Le

Mother's Maiden Neme: — Mother's Birthplace:

Name of person giving In formation: Joseph. L. Callahan — How related to deceased: Not related

1/20

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights — How long: 3 or 4 years

Immediete: Edima & Lungs — How long: 3 mo's

Are the name, ege, sex, color, dete end piece correctly given ebove? yes

Signature of Physician: C. M. Stille M D

Address: Cordova. Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary Coraline Brigham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death 190 4 — Month: May — Day: 2 — Age: Years 54 — Months 10 — Days 6

Sex: Female — Color or Race: White — Birthplace: Talbot Co

Occupation: Married — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Charles Brigham

Father's Name: Harrison Crosby — Father's Birthplace: Talbot Co, Md

Mother's Maiden Name: Coraline Ramsel — Mother's Birthplace: Caroline Co, Md

Name of person giving Imformation: Charles F. Crosby 45 — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melonatic Sovereus — How long: 1 yr

Immediate: Heart Failure — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Thornton

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Clementine Rukes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: Month: May; Day: 22; Year: 1904

Age: Years: 70; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Talbot Co

Occupation: Cook

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Sarah Rukes

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Perry Morris

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Sarah Rukes

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Stenosis

How long: 6 yrs

Immediate: Inf. Lung

How long: 48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. B. Merritt

Address: Easton

Accident or Suicide?

LIBRARY BUREAU A88516

25 Seyton